

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000020565

FILED
Apr 24, 2006
Secretary of State

Entity Name: SMID INVESTMENT CORPORATION

Current Principal Place of Business:

4596 LEXINGTON AVE.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4596 LEXINGTON AVE.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-2294456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCOX, RALEIGH M
13500 SUTTON PARK DR S
STE 703
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMID, JOHN R
Address: 5106 IMPERIAL COVE RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST () Change (X) Addition
Name: SMID, VICKI R
Address: 5106 IMPERIAL COVE RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP () Change (X) Addition
Name: SMID, SAMANTHA H
Address: 5106 IMPERIAL COVE ROAD
City-St-Zip: JACKSONVILLE, FL 3210

Title: VP () Change (X) Addition
Name: SMID, SABRINA J
Address: 5106 IMPERIAL COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKI R SMID

ST

04/24/2006

Electronic Signature of Signing Officer or Director

Date